

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 402
Registrar's No. 402

1. Place of Death: (a) County Apache (b) City or Town St Johns (c) Location all life (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution all life; In Community all life; In Arizona all life
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Apache (c) City or Town St Johns
(d) Street No. Virginia Patterson (e) Citizen of foreign country (Yes or No) No
(If outside city limits also write RURAL)

3. (a) FULL NAME Virginia Patterson (b) If Veteran name was No (c) Social Security No. 123456789

4. Sex Female 5. Race White ☒ Indian ☐ Negro ☐ Oriental ☐
6. (a) Single, married, widowed or divorced single

7. Birthdate of deceased May 15 1921
(Month) (Day) (Year)

8. AGE: Years 22 Months 9 Days 5 If less than one day
hrs. 5 min. 5

9. Birthplace St Johns Ariz.
(City, town or county) (State or Country)

10. Usual Occupation student

11. Industry or Business student

12. Name Don Robert Patterson
13. Birthplace St Johns Ariz.
(City, town or county) (State or Country)

14. Maiden Name Alma Hamblin
15. Birthplace Hubriso Ariz.
(City, town or county) (State or Country)

16. (a) Informant's own signature Alma Patterson
(b) Address St Johns Ariz.

17. (a) Burial, Cremation or Removal BURIAL
(b) Place ST. JOHNS (c) Date FEB 13 1944

18. (a) Embalmer's Signature BISHOP CARL ANDERSON
(b) Funeral Director ST JOHNS, ARIZ.
(c) Address ST JOHNS, ARIZ.

19. (a) 3/15/44 (Date received Local Registrar)
(b) Mrs Lona Gibbons (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Feb 10 1944
TIME (Hour and minute) 1 P. M.

21. I hereby certify that I attended the deceased from middle of Sept
her 1943 to Feb 10 1944
that I last saw her alive on Feb 10 1944

and that death occurred on the date and hour stated above.
Immediate cause of death Cardiac failure
acute cardiac dilatation
anoxia
Due to cardiac asthma
pulmonary edema
Due to mitral stenosis
cardiac decompensation
Other conditions hypertension: liver kidneys lung
(Include pregnancy within 3 months of death) arteriosclerosis

Major findings:
Of operations None
Of autopsy None

DURATION several years
at least 34
that disease
was diagnosed
PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) None
(b) Date of occurrence Feb 10 1944
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None
(Specify type of place)

While at work? None (e) Means of injury None
23. Signature J. M. Herbert
Address St Johns Ariz Date signed 2/14/44